CONTRACEPTIVE AUDIT FOR USAID/KIEV

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ACRONYMS AND FOREIGN TERMS

CDC	Centers for Disease Control and Prevention
CSM	Condom Social Marketing project
DHS	Demographic and Health Survey
GOU	Government of the Ukraine
IUD	Intrauterine device
KRU	Oblast Commission
MCH	Maternal and child health
MOH	Ministry of Health
Oblast	Province (Ukraine is divided into 24 oblasts)
RHS	Reproductive health survey
SDP	Service delivery point
SOMARC	Social Marketing for Contraceptives project
STD	Sexually transmitted disease
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WRA	Women of reproductive age

CONTENTS

EXECUTIVE SUMMARY

An audit of contraceptives provided by USAID to three oblasts within the Ukraine—Odessa, Donetsk and Lviv—was conducted. The questions addressed by the audit include:

- Are the donated contraceptives accounted for?
- Are the donated contraceptives being used by clients (as opposed to lost, wasted or expired)?
- What are the characteristics of the clients using these contraceptives?

The main components of the methodology for the contraceptive audit were agreed upon at a July 12, 1999, meeting with U. S. Agency for International Development (USAID)/Kiev staff. They are as follows:

- **Pipeline Analysis**: a technique for contraceptive tracking through the review of records of issues, receipts and distribution from the oblast level down to the service delivery points (SDPs).
- **Pharmacy Audit**: to establish if any of the contraceptives that were provided for the public sector have been diverted into the commercial sector.
- **End Use Analysis**: review of oblast reporting on numbers of contraceptives distributed, numbers of new and continuing users of each method, and recorded characteristics of contraceptive users.
- **Expiration Check**: to determine if any of the USAID–provided contraceptives have expired or are in danger of expiring, and how this issue is being handled in the oblasts.

Principal Findings and Recommendations

In general, the contraceptives are typically well accounted for by each individual facility that receives them, but poorly in aggregate for the oblast. There are only extremely limited data on contraceptives dispensed to clients, and the existing data do not detail client characteristics.

The inventory records at the facilities visited were generally complete and accurate. Furthermore, there is no evidence that donated supplies are being diverted into private pharmacies. The cautious conclusion drawn from this evidence is that the donated supplies are well handled, and being distributed for free to Ministry of Health (MOH) clients at numerous SDPs across Odessa, Donetsk and Lviv oblasts.

The best supporting evidence for this conclusion would be quality reporting from the oblasts on quantities of contraceptives distributed to clients. Most service delivery points do **record** quantities of contraceptives dispensed to clients. Subtracting quantities of contraceptives dispensed to clients from quantities donated to the oblast should provide

remaining balances at the oblast. Unfortunately, and despite the efforts of USAID and the Centers for Disease Control and Prevention (CDC), the oblasts **are not aggregating, or reporting,** dispensed-to-client data. Furthermore, the stock balance data available reflect quantities remaining at the central stores only; not the aggregated balance of supplies at all facilities in the oblast.

Client characteristic data are not generally recorded.

Recommendation 1: Reproductive health/contraceptive technology training for pharmacists, as held under the former Social Marketing for Contraceptives (SOMARC) project, should be expanded under a future social marketing project in the Ukraine. The Condom Social Marketing (CSM) project should be expanded further to include sales of well-marketed but affordable oral contraceptives and condoms. Print media, particularly *Nathali* magazine, should be used to promote reproductive health products.

Recommendation 2: To ensure reasonably complete and accurate dispensed-to-client data, USAID/Kiev and the MOH should conduct 2–day workshops in each of the seven oblasts on recording and reporting of contraceptives dispensed-to-client data. The workshop should include a short needs assessment to identify the correct participants and to tailor the workshop to the data recording and reporting systems existing in each oblast. This could be coordinated with the United Nations Population Fund (UNFPA), which requires the collection of the same data on the same form.

Recommendation 3: Future annual contraceptive requirements estimation exercises should also be used as contraceptive audits because requirements estimation require most of the same techniques and data.

Recommendation 4: USAID should advise oblast staff to request staff from all SDPs within the oblast to bring their stocks of expired Ovrette to the oblast at the time of the monthly maternal and child health (MCH) meeting. The oblasts should be responsible for destroying expired goods according to government of Ukraine (GOU)/MOH and USAID regulations.

Recommendation 5: As advised, oblast officials in charge of family planning should immediately contact nearby oblasts in the area and attempt to transfer 122,000 units to a number of locations.

Recommendation 6: The Public Health Department's MCH division should incinerate the expired Ovrette as soon as possible.

I. INTRODUCTION

To assist the Mission in conducting an audit of contraceptives provided by the U.S. Agency for International Development (USAID) to three oblasts within the Ukraine—Odessa, Donetsk and Lviv—site visits to the Ukraine were conducted from July 12–30, 1999. The audit was conceived to address the following questions: Have the contraceptives been properly accounted for? Who are the end users of the contraceptives? The main components of the methodology for the contraceptive audit are as follows:

- **Pipeline Analysis**: a technique for contraceptive tracking through the review of records of issues, receipts and distribution from the oblast level down to the service delivery points (SDPs);
- **Pharmacy Audit**: to establish if any of the contraceptives that were provided for the public sector have been diverted into the commercial sector;
- **Expiration Check**: to determine if any of the USAID–provided contraceptives have expired or are in danger of expiring, and how this issue is being handled in the oblasts; and,
- **End Use Analysis**: review of oblast reporting on numbers of contraceptives distributed, numbers of new and continuing users of each method, and recorded characteristics of contraceptive users.

Additionally, an indepth review of the data recording and reporting systems in each oblast is presented, which should contribute to efforts to improve oblast data management practices.

The data were collected on field visits to 3 oblasts (administrative offices and maternal and child health (MCH) hospitals), 5 rayon hospitals, 2 central city hospitals, and 3 village polyclinics. Records were reviewed and staff interviewed in a total of 14 locations.

II. BACKGROUND

In 1995 and 1996, USAID imported a total of 200,000 CuT 380 intrauterine devices (IUDs), 1,448,400 cycles of Lo-Femenal, 423,600 cycles of Ovrette, and 1,600 vials of Depo Provera for distribution to Odessa, Donetsk and Lviv oblasts (see table 1 on page 5). The contraceptives were distributed to Ministry of Health (MOH) facilities in support of family planning training that was conducted for service providers in the three oblasts. Quantities of contraceptives procured, with a total value of approximately $625,000, were determined during field visits by staff from the Reproductive Health International Program Assistance Division of the Centers for Disease Control and Prevention (CDC).

The modest size of the procurement was a function of the number of service providers trained, budget limitations, concern for the nascent commercial pharmaceutical sector, and low levels of contraceptive demand. With the exception of small donations of contraceptives by major pharmaceutical companies in Lviv oblast, the USAID contributions are the only donated contraceptives, as well as the only free-distribution contraceptives, available in Odessa, Donetsk, and Lviv oblasts.

USAID–donated contraceptives were distributed to the three oblasts, which in turn distributed the supplies to service delivery points (SDPs), and are responsible for monitoring and reporting on the use of the contraceptives. CDC staff has worked with MOH personnel during a succession of visits to forecast contraceptive demand, document the contraceptive logistics system, and monitor the taking of supplies. CDC staff has also designed and distributed a basic reporting form intended to capture the quantities of contraceptives dispensed to clients. Unfortunately, there has been only cursory reporting to date on actual end usage of the donated contraceptives.

III. PIPELINE ANALYSIS

One method of assessing the quality and validity of reporting on contraceptive distribution is the pipeline analysis, which entails checking records of issues from a higher level against records of receipts at lower levels, and between different records at the same level (i.e., issue vouchers and inventory ledgers). In addition to facilitating the assessment of recordkeeping quality, these crosschecks serve as a spot test of contraceptive diversion. If crosschecks from the highest levels (USAID shipments) through the oblast and rayon levels, and down to the village clinic level reveal few discrepancies, there is a higher likelihood that supplies are reaching their intended recipients.

Table 1 below compares USAID shipment documentation on issues to three oblasts (Odessa, Donetsk, Lviv) with oblast records of shipments received by those oblasts.

Table 1
Comparison of USAID Distribution Records and Oblast Receipt Records

Method	Odessa		Donetsk		Lviv	
	Issued by USAID (Date)	**Received (Date)**	**Issued by USAID (Date)**	**Received (Date)**[1]	**Issued by USAID (Date)**	**Received (Date)**
CuT 380 (IUD)	25,000 (10/95)	25,000 (11/95)	44,800 (10/95)	44,800 (11/95)	60,000 (04/96)	58,200 (04/96)
	25,000 (04/96)	25,000 (05/96)	44,800 (04/96)	44,800 (05/96)		
Lo-Femenal	198,000 (10/95)	198,000 (11/95)	336,000 (10/95)	336,000 (11/95)	380,400 (04/96)	380,400 (04/96)
	198,000 (04/96)	198,000 (05/96)	336,000 (04/96)	336,000 (05/96)		
Ovrette	45,600 (10/95)	45,600 (11/95)	70,800 (10/95)	70,800 (11/95)	90,000 (04/96)	90,000 (04/96)
	44,400 (04/96)	44,400 (06/96)	72,000 (04/96)		100,800 (06/96)	100,800 (07/96)
		100,800[2] (05/97)				
Depo Provera	800 (10/95)	800 (04/96)	800 (08/95)	800 (08/95)	0	0

[1] The first USAID shipment was received by the women's counseling center of the oblast MCH Hospital and the second shipment went directly to the oblast MOH administration in another building, with a separate set of records.
[2] Product had less than 3 years left of shelf life upon arrival.

Table 1 shows that oblast records of receipts closely matched USAID's records of distribution quantities and dates. It should be noted that oblast records of receipt were in good order, as they have been required to provide this to USAID in the past.

Tracking distribution from the oblasts to lower levels is complicated by the large number of facilities receiving contraceptives from the oblast. For example, Lviv oblast supplies 20 rayon and 9 urban women's counseling centers, and Donetsk provides contraceptives to 22 urban and 18 rayon counseling centers. In all three oblasts visited, contraceptives were also distributed to smaller, peripheral SDPs within the rayons. Furthermore, inventory records at both the oblast and rayon levels are split between service delivery and accounting departments and the records vary greatly from oblast to oblast and among rayons within a given oblast. However, it was still possible to crosscheck a sample of oblast contraceptive issues records with rayon receipt records in each oblast visited, and to compare records within facilities.

Table 2
Crosscheck of Contraceptives Issued by Odessa Oblast and those Received by 3 Rayons, 1999

Method	Belgorod-Dnievstrovsky		Ovidiopol		Kominternovo	
	Issued to	Received by	Issued to	Received by	Issued to	Received by
CuT 380 (IUD)	400 (03/13/99)	400 (03/23/99)	400 (04/26/99)	400 (04/26/99)	200 (06/24/99)	200 (06/26/99)
Lo-Femenal	2,400 (03/31/99)	2,400 (03/31/99)	2,400 (04/26/99)	2,400 (04/26/99)	2,400 (06/24/99)	2,400 (06/26/99)

As seen in Table 2, Odessa oblast records of distribution of the 1999 contraceptives match the rayon records exactly in quantity and very closely in date. The accuracy of the records of distribution from Ovidiopol rayon, to smaller SDPs, was confirmed by a review of inventory records at the Yosipovka village outpatient office. Again, the records regarding how much had been issued tallied exactly with the outpatient office records of receipts, which in turn were supported by the client register which gave the names of every client seen, how much they were given and the balance on hand. A physical inventory of the remaining balance tallied exactly with the register. It was necessary to actually visit rayon women's counseling centers and lower level SDPs to review records of contraceptives distributed to clients because oblasts did not track inventory data from lower levels.

A similar exercise in Lviv oblast tracked the flow of contraceptives from the oblast to two rayons and several service delivery points. While there was one major discrepancy between records at different levels, further investigation showed that the difference between what was issued and what was received was due to a bookkeeping error at the rayon. Oblast distribution records in Donetsk listed only half of the contraceptives actually received by Central City Hospital No. 3 and Makeyevka Town women's

counseling center. Again, this appeared to reflect incomplete inventory records at the oblast rather than the diversion of contraceptives.

Across all three oblasts, **the pipeline analysis did not indicate that there was any loss, or diversion, of the donated contraceptives.** It should be noted that this impression was based on a necessarily small sample of lower level facilities and that a definitive answer would require a much lengthier investigation, which may not be warranted given these preliminary results, and the relatively low level of contraceptive donation.

IV. PHARMACY SURVEY

Individuals were recruited in Odessa, Donetsk and Lviv cities to visit local pharmacies and ask questions regarding the availability and cost of different methods and brands of contraceptives. Unfortunately, the individual recruited in Donetsk became extremely uncomfortable in this role and refused to go into a pharmacy. However, the individuals in Odessa and Lviv visited a total of 31 pharmacies and performed very well. The women attempted to buy cycles of USAID–donated oral contraceptives and IUDs by name, and also reviewed the availability and costs of other brands.

The major findings of this exercise are as follows:

- No USAID–supplied products were for sale in pharmacies. CuT 380 IUDs were readily available in seven pharmacies in Lviv, but their lot numbers indicated that these units were not part of any USAID shipments.
- A wide range of oral contraceptives was readily available at prices ranging from $1.05 to $6.40 per cycle (see table 3 below), with an average price of $2.50.
- Pharmaceutical companies, such as Gedeon Richter, occasionally distribute small quantities of free contraceptives to various hospitals in Lviv oblast.
- Marvellon is the most popular commercial brand despite the high unit price. Marvellon is advertised frequently in a local, glossy women's magazine, *Nathali*. Most young women in the Ukraine have access to this magazine (it is shared between friends and colleagues) and there are frequent full-page advertisements for contraceptives.
- With the exception of the CuT 380, IUDs were not as often available in the commercial pharmacies. CuT 380 IUDs ranged in price from $4 to $7.
- The pharmacists interviewed had very little knowledge of contraceptive choices, benefits and side effects. Several pharmacists recommended Postinor (a morning after pill) as a regular once-a-week pill.

Given the current economic situation in the Ukraine, it is notable that no diversion of contraceptives into the commercial sector was identified. This may be because current contraceptive donations are relatively minor in scale, or because of the MOH system of recordkeeping and regular auditing.

As shown in section III above, the inventory records at the facilities visited were generally complete and accurate. Furthermore there is no evidence from the pharmacy survey to indicate that donated supplies are being diverted into private pharmacies. The cautious conclusion drawn from this evidence is that the donated supplies are well handled and being distributed for free to MOH clients at numerous SDPs across Odessa, Donetsk and Lviv oblasts.

Table 3

Contraceptives Available in Private Pharmacies in Odessa and Lviv

Method/Brand	Unit Cost (in $)
Trisiston	$2.15
Rigevidon	$2.20–$2.68
Diane – 35	$4.88–$7.56
Marvelon	$4.73–$6.24
Tri-Regol	$2.32–$2.98
Triquilar	$2.30–$2.68
Ovidon-Richter	$1.10–$1.30
Non-Ovelon	$1.45–$2.44
Regulon	$2.56
Pharmatex Cream	$1.25
Multiload (IUD)	$5.05
Gold Lilly (IUD)	$8.32
CuT 380 (IUD)	$3.50–$6.90

Recommendation 1: Reproductive health/contraceptive technology training for pharmacists, as held under the former Social Marketing for Contraceptives (SOMARC) project, should be expanded under a future social marketing project in the Ukraine. The Condom Social Marketing (CSM) project should further be expanded to include sales of well-marketed, affordable, oral contraceptives, and condoms. Print media, particularly *Nathali* magazine, should be used to promote reproductive health products.

V. END USERS

The first question of this audit—are the donated contraceptives accounted for—was answered positively in the pipeline analysis and pharmacy survey above, as well as through ongoing monitoring by CDC staff. This section addresses the remaining questions.

- How many, or what percentage, of the donated contraceptives have been dispensed to clients?
- What are the characteristics of the clients using these contraceptives?

In general, the contraceptives are typically well accounted for by each individual facility that receives them, but poorly in aggregate for the oblast. Again, there are facility-level data, in most facilities, regarding contraceptives distributed to clients, but these data are not regularly aggregated or reported. The data that do exist do not include client characteristics, such as economic status, education, geographic area (rural/urban), parity, ethnic group, etc.

The data required (quantities of contraceptives dispensed to clients) are not generally available for either oblasts or rayons overall. Most service delivery points do **record** quantities of contraceptives dispensed to clients. Subtracting quantities of contraceptives dispensed to clients from quantities donated to the oblast should provide remaining balances at the oblast and permit a definitive conclusion regarding contraceptive use. Unfortunately, and despite the efforts of USAID and CDC, the oblasts **are not aggregating, or reporting,** dispensed-to-client data. Furthermore, the stock balance data available reflect quantities remaining at the central stores only, not the aggregated balance of supplies at all facilities in the oblast. Ukrainian MOH/MCH reporting does not require dispensed-to-client data. The information they both record and report in this area are numbers of users of hormonal methods and IUDs (see Data Comparisons, on the following page).

Client characteristic data of interest are **not reported or recorded**. Most SDPs do maintain contraceptive registers that list date (of visit), name (of client), sex, year of birth, address, method, quantity, and date of next visit. Furthermore, there are client cards for each patient with the same information, plus medical history (but not parity) and schedule of visits. Other than crosstabulations of quantities dispensed by age group, there is little potential for developing client profiles from the contraceptive registers. In addition, registers enumerating quantities dispensed to clients are not always used, particularly at peripheral facilities. Given the current burden of data recording/reporting, it would be difficult to convince health staff to fill out a register with both quantities dispensed to clients and client characteristics. Typically, client profiles are established through sample surveys of clients (i.e., Demographic and Health Survey [DHS], and Reproductive Health Survey [RHS]) or client cards.

One exception to this may be found in Donetsk oblast. At the office of the chief gynecologist within the oblast Health Administration unit was a summary register listing women of reproductive age (WRA) in the following high-risk pregnancy groups:

- Extragenital pathology,
- Gynecological diseases,
- Drug addicts,
- Alcoholics,
- Sexually transmitted diseases (STDs),
- Psychologically disturbed,
- Very poor/homeless,
- Adolescents, and
- Women with many children.

It was unclear how these summary data were recorded as no records of this kind were observed at the SDPs. The administrator stated that these groups made up over half of the WRA in the oblast, and that they consumed 67 percent of all the donated contraceptives. (Unfortunately, this register was not made available for review.)

Data Comparisons

USAID/Kiev and CDC staffs designed a form for capturing the quantities of contraceptives dispensed to clients and distributed it to Odessa, Donetsk and Lviv oblasts. To date, USAID has received four quarterly reports from Odessa and Lviv, and no reporting from Donetsk. MOH family planning managers and recordkeepers interviewed during this visit were unable to explain the system for collecting and aggregating dispensed-to-client data from all their contraceptive distribution points. Most facilities were able to produce periodic MCH reports that included the number of hormonal contraceptive users and number of IUD insertions. Table 4 (following page) presents a comparison of estimated quantities of contraceptives required for first quarter 1996 through second quarter 1999, based on extrapolations of the scant data available from the two sources.

Table 4
Comparison of Estimated Quantities of Contraceptives Required for First Quarter (1st Q) 1996 through Second Quarter (2nd Q) 1999, Based on Available Reports of Contraceptives Dispensed to Clients, and MCH Summary Report, for Lviv Oblast

Contraceptive Method	Extrapolated from Dispensed to Client Data[1] 1st Q 1996–2nd Q 1999	Extrapolated from MCH Service Statistics 1st Q 1996–2nd Q 1999	Quantity Donated to Lviv
Lo-Femenal + Ovrette = hormonal methods[2]	69,960	814,188[3]	571,200
CuT 380 (IUD)	21,280	17,801	60,000

[1] Based on 4 quarters of dispensed-to-client data in 1996 and 1997 that were submitted to USAID.
[2] For the sake of comparison, hormonal method use is equated with Ovrette and Lo-Femenal use. Hormonal use includes some minute component of Depo Provera use and some large but unknown component of pills purchased in pharmacies.
[3] Unlike the dispensed-to-client data, the MCH annual report includes individuals who were given a prescription but who purchased their contraceptives from the private sector.

This table highlights the overall dearth of reliable data. The estimates of use of IUDs are surprisingly close, but differ greatly from the quantities donated to Lviv. The oral contraceptive estimates differ greatly from each other, but the projection from MCH service statistics roughly corresponds to an expected relationship between quantities prescribed and quantities donated.

Recommendation 2: To ensure reasonably complete and accurate dispensed-to-client data, USAID/Kiev and the MOH should conduct 2–day workshops in each of the seven oblasts on recording and reporting of contraceptives dispensed-to-client data. The workshop should include a short needs assessment to identify the correct participants and to tailor the workshop to the data recording and reporting systems existing in each oblast. This could be coordinated with the United Nations Population Fund (UNFPA), which requires the collection of the same data on the same form.

Recommendation 3: Future annual contraceptive requirements estimation visits should also be used as contraceptive audits because requirements estimations require most of the same techniques and data.

VI. EXPIRATION CHECK

Identifying and disposing of any and all expired contraceptives is of particular concern, as it is known that supplies of Ovrette have passed their expiration date, but the extent of expired supplies and their exact location is not known. It is official USAID policy to quarantine and incinerate expired contraceptives according to local MOH regulations and with an official USAID witness. Moreover, expired contraceptives are of little use to the client and pose a potential program threat as they can be exploited in the media by those opposed to family planning. Other national programs have experienced loss of consumer confidence due to highly publicized incidents regarding expired contraceptives.

Oblast-level personnel who receive the donated contraceptives often allocate or send all the supplies immediately down to rayon and urban women's counseling centers. Consequently, expired goods are seen in small quantities in many of the peripheral SDPs.

Recommendation 4: USAID should advise oblast staff to request staff from all SDPs within the oblast to bring their stocks of expired Ovrette to the oblast at the time of the monthly MCH meeting. The oblasts should be responsible for destroying expired goods according to the government of the Ukraine (GOU)/MOH and USAID regulations.

A. ODESSA

Ovrette: Odessa was unable to distribute its supplies of Ovrette prior to expiration in September 1998, and destroyed 96,500 units in May 1999. The contraceptives were burned in the hospital crematorium, as authorized by the oblast commission (KRU). (The letter authorizing this action was provided to USAID/Kiev at the debriefing.) Kominternovo rayon hospital has 100 cycles of expired Ovrette.

Lo-Femenal: Of the original 396,000, there are 172,000 units remaining in stock, which are set to expire in March 2000. Given the rate of consumption since 1995, the oblast can absorb no more than 50,000 of these before expiration.

Recommendation 5: As advised, oblast officials in charge of family planning should immediately contact nearby oblasts in the area and attempt to transfer 122,000 units to a number of locations.

B. DONETSK

As of January 1, 1999 (date of the most recent inventory record observed), Donetsk had 10,000 cycles of expired Ovrette at the oblast Health Administration warehouse and

another 7,337 cycles of expired Ovrette at the Donetsk MCH hospital's women's counseling center.

Recommendation 6: The Public Health Department's MCH division should incinerate the expired Ovrette as soon as possible.

C. LVIV

The women's counseling center of the Lviv oblast MCH hospital has 30,000 units of Lo-Femenal in stock, which will expire as of March 2000. Given lower rates of consumption, other nearby oblasts are being identified to accept these pills.

The first USAID shipment was received by the women's counseling center of the oblast MCH Hospital and the second shipment was sent directly to the oblast MOH Administration in another building and with a separate set of records. The product had less than three years of shelf life left upon arrival, based on four quarters of dispensed-to-client data in 1996 and 1997 that were submitted to USAID. For the sake of comparison, hormonal method use is equated with Ovrette and Lo-Femenal use. Hormonal use includes some minute component of Depo Provero use and some large, but unknown component of pills purchased in pharmacies. Unlike the dispensed-to- client data, the MCH annual report includes individuals who were given a prescription but who purchased their contraceptives from the private sector.

VII. SUMMARY

In general, the contraceptives are typically well accounted for by each individual facility that receives them, but poorly in aggregate for the oblast. There are only extremely limited data on contraceptives dispensed to clients, and the existing data do not detail client characteristics.

The inventory records at the facilities visited were generally complete and accurate. Furthermore, there is no evidence that donated supplies are being diverted into private pharmacies. The cautious conclusion drawn from this evidence is that the donated supplies are well handled, and being distributed for free to Ministry of Health (MOH) clients at numerous SDPs across Odessa, Donetsk and Lviv oblasts.

The best supporting evidence for this conclusion would be quality reporting from the oblasts on quantities of contraceptives distributed to clients. Most service delivery points do **record** quantities of contraceptives dispensed to clients. Subtracting quantities of contraceptives dispensed to clients from quantities donated to the oblast should provide remaining balances at the oblast. Unfortunately, and despite the efforts of USAID and the Centers for Disease Control and Prevention (CDC), the oblasts **are not aggregating, or reporting,** dispensed-to-client data. Furthermore, the stock balance data available reflect quantities remaining at the central stores only; not the aggregated balance of supplies at all facilities in the oblast.

Client characteristic data are not generally recorded.

ANNEX

SCOPE OF WORK